

<i>SERFF Tracking Number:</i>	<i>MCHX-G126980869</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Primerica Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47851</i>
<i>Company Tracking Number:</i>	<i>PLF11D0</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.500 Other</i>
<i>Product Name:</i>	<i>PLF11D0 - Disability Waiver of Premium Benefit Rid</i>		
<i>Project Name/Number:</i>	<i>PLF11D0 - Disability Waiver of Premium Benefit Rider - Primerica Life Insurance Company /PLF11D0 - Disability Waiver of Premium Benefit Rider - Primerica Life Insurance Company</i>		

Filing at a Glance

Company: Primerica Life Insurance Company		
Product Name: PLF11D0 - Disability Waiver of Premium Benefit Rid	SERFF Tr Num: MCHX-G126980869	State: Arkansas
TOI: L04I Individual Life - Term	SERFF Status: Closed-Approved-Closed	State Tr Num: 47851
Sub-TOI: L04I.500 Other	Co Tr Num: PLF11D0	State Status: Approved-Closed
Filing Type: Form	Author: SPI McHughConsulting	Reviewer(s): Linda Bird
	Date Submitted: 02/01/2011	Disposition Date: 02/03/2011
		Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

General Information

Project Name: PLF11D0 - Disability Waiver of Premium Benefit Rider - Primerica Life Insurance Company	Status of Filing in Domicile: Pending
Project Number: PLF11D0 - Disability Waiver of Premium Benefit Rider - Primerica Life Insurance Company	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 02/03/2011
	State Status Changed: 02/03/2011
Deemer Date:	Created By: SPI McHughConsulting
Submitted By: SPI McHughConsulting	Corresponding Filing Tracking Number:
Filing Description:	
Mr. Dan Honey	
Deputy Commissioner	
Arkansas Insurance Department	
1200 West 3rd Street	
Little Rock, AR 72201-1904	

SERFF Tracking Number: MCHX-G126980869 State: Arkansas
Filing Company: Primerica Life Insurance Company State Tracking Number: 47851
Company Tracking Number: PLF11D0
TOI: L04I Individual Life - Term Sub-TOI: L04I.500 Other
Product Name: PLF11D0 - Disability Waiver of Premium Benefit Rider
Project Name/Number: PLF11D0 - Disability Waiver of Premium Benefit Rider - Primerica Life Insurance Company /PLF11D0 - Disability Waiver of Premium Benefit Rider - Primerica Life Insurance Company

RE: PLF11D0 - Insured Disability Waiver of Premium Benefit Rider
PLF11C0 - Spouse Disability Waiver of Premium Benefit Rider

Dear Commissioner Honey:

McHugh Consulting Resources, Inc. has been requested to file the attached forms on behalf of Primerica Life Insurance Company. We have provided an authorization letter for your files.

The forms referenced above are being submitted for your review and approval. These are new forms and do not replace any existing forms.

Insured Disability Waiver of Premium Benefit Rider - This Rider provides the Insured with a Disability Waiver of Premium Benefit.

Spouse Disability Waiver of Premium Benefit Rider - This Rider provides the Insured Spouse with a Disability Waiver of Premium Benefit.

These Riders will be offered to all applicants on a personal contact basis by our licensed agents. These Riders can be attached to any of our life plans which have been approved by your Department. They may also be used with any life plans that we may develop in the future.

The application to be used with these Riders is Form SFA-41 AR, which was approved by your Department on December 8, 2006. Any future applications that are approved by your Department may also be used with these Riders.

Your approval and acknowledgement of this filing will be appreciated. If you have any questions or need additional information, please do not hesitate to contact me.

Sincerely,

Lauren Regnery
Compliance Project Specialist
Mchugh Consulting Resources, Inc.
215-230-7960
mcr@mchughconsulting.com

Attachments

SERFF Tracking Number: MCHX-G126980869 State: Arkansas
 Filing Company: Primerica Life Insurance Company State Tracking Number: 47851
 Company Tracking Number: PLF11D0
 TOI: L04I Individual Life - Term Sub-TOI: L04I.500 Other
 Product Name: PLF11D0 - Disability Waiver of Premium Benefit Rider
 Project Name/Number: PLF11D0 - Disability Waiver of Premium Benefit Rider - Primerica Life Insurance Company /PLF11D0 - Disability Waiver of Premium Benefit Rider - Primerica Life Insurance Company

Company and Contact

Filing Contact Information

Lauren Regnery, Compliance Project Specialist mcr@mchughconsulting.com
 McHugh Consulting Resources, Inc. 215-230-7960 [Phone]
 2005 South Easton Road, Suite 207 215-230-7961 [FAX]
 Doylestown, PA 18901

Filing Company Information

(This filing was made by a third party - McHughConsulting)

Primerica Life Insurance Company	CoCode: 65919	State of Domicile: Massachusetts
3120 Breckinridge Boulevard	Group Code: 41	Company Type: A&H
Duluth, GA 30099-0001	Group Name:	State ID Number:
(770) 564-6122 ext. [Phone]	FEIN Number: 04-1590590	

Filing Fees

Fee Required? Yes
 Fee Amount: \$150.00
 Retaliatory? Yes
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Primerica Life Insurance Company	\$150.00	02/01/2011	44306854

SERFF Tracking Number: MCHX-G126980869 State: Arkansas
Filing Company: Primerica Life Insurance Company State Tracking Number: 47851
Company Tracking Number: PLF11D0
TOI: L04I Individual Life - Term Sub-TOI: L04I.500 Other
Product Name: PLF11D0 - Disability Waiver of Premium Benefit Rid
Project Name/Number: PLF11D0 - Disability Waiver of Premium Benefit Rider - Primerica Life Insurance Company /PLF11D0 - Disability Waiver of Premium Benefit Rider - Primerica Life Insurance Company

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	02/03/2011	02/03/2011

SERFF Tracking Number: MCHX-G126980869 State: Arkansas
Filing Company: Primerica Life Insurance Company State Tracking Number: 47851
Company Tracking Number: PLF11D0
TOI: L04I Individual Life - Term Sub-TOI: L04I.500 Other
Product Name: PLF11D0 - Disability Waiver of Premium Benefit Rid
Project Name/Number: PLF11D0 - Disability Waiver of Premium Benefit Rider - Primerica Life Insurance Company /PLF11D0 - Disability Waiver of Premium Benefit Rider - Primerica Life Insurance Company

Disposition

Disposition Date: 02/03/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MCHX-G126980869 State: Arkansas

Filing Company: Primerica Life Insurance Company State Tracking Number: 47851

Company Tracking Number: PLF11D0

TOI: L04I Individual Life - Term Sub-TOI: L04I.500 Other

Product Name: PLF11D0 - Disability Waiver of Premium Benefit Rid

Project Name/Number: PLF11D0 - Disability Waiver of Premium Benefit Rider - Primerica Life Insurance Company /PLF11D0 - Disability Waiver of Premium Benefit Rider - Primerica Life Insurance Company

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Authorization Letter		Yes
Supporting Document	AR Certification of Compliance-49		Yes
Supporting Document	AR Certification of Compliance-19		Yes
Form	Insured Disability Waiver of Premium Benefit Rider		Yes
Form	Spouse Disability Waiver of Premium Benefit Rider		Yes

SERFF Tracking Number: MCHX-G126980869 State: Arkansas

Filing Company: Primerica Life Insurance Company State Tracking Number: 47851

Company Tracking Number: PLF11D0

TOI: L04I Individual Life - Term Sub-TOI: L04I.500 Other

Product Name: PLF11D0 - Disability Waiver of Premium Benefit Rider

Project Name/Number: PLF11D0 - Disability Waiver of Premium Benefit Rider - Primerica Life Insurance Company /PLF11D0 - Disability Waiver of Premium Benefit Rider - Primerica Life Insurance Company

Form Schedule

Lead Form Number: PLF11D0

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	PLF11D0	Policy/Cont Insured Disability Waiver of Premium Benefit Rider Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		46.300	PLF11D0 - WOP FINAL DRAFT - 1 26 11.PDF
	PLF11CO	Policy/Cont Spouse Disability Waiver of Premium Benefit Rider Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		45.860	PLF11CO - SPOUSAL WOP FINAL DRAFT - 1_26_11.PDF

PRIMERICA LIFE INSURANCE COMPANY

Executive Offices: 3120 Breckinridge Boulevard, Duluth, Georgia 30099-0001

INSURED DISABILITY WAIVER OF PREMIUM BENEFIT RIDER

BENEFIT

We will waive, subject to the provisions of this Rider each premium due after the commencement and during the continuance of Your Total Disability which begins while this Rider is in force. In order to qualify for the waiver of premium benefit under this Rider, You must have a Total Disability for a continuous six months. After You have had a Total Disability for a continuous six months, We will waive any premiums due thereafter and refund any premium paid during such six months. Premiums will be waived on a quarterly payment schedule. Each premium waived will have the same effect as if it had been paid to Us. No benefit will apply under this Rider while a waiver of premium benefit is in effect for the Insured Spouse.

DEFINITIONS AND EXCLUSIONS

Insured - The person covered under this Rider and named in the Rider Schedule as the Insured.

Definition of Total Disability - "Total Disability" means an incapacity which results from bodily injury or disease and prevents You from performing the substantial and material duties of any work for income or profit for which You are, or become, fitted by reason of education, training or experience. The injury or disease must originate while this Rider is in force. You must be under the care of a currently licensed physician who is not a member of Your household.

Age Limitation - No benefits will be allowed or paid under this Rider if commencement of Total Disability is after the policy anniversary nearest Your 60th birthday.

Exclusion from Coverage - No benefits will be allowed or paid under this Rider if Total Disability results directly or indirectly from: (1) intentionally self-inflicted injury; or (2) during the commission of a felony.

No benefit will apply under this Rider while a waiver of premium benefit is in effect for the Insured Spouse.

Rider Date - This date is shown on Rider Page 3. Rider anniversaries, rider years and rider months are measured from that date.

Effective Date - This date is shown on Rider Page 3 and is the effective date of coverage under this Rider.

"We" or "Us" refers to the Company. "You" or "Your" refers to the Insured.

GENERAL PROVISIONS

Premium Payments - This Rider is issued in consideration of the application and payment of the premiums for this Rider which are payable under the same conditions as the premiums for the Policy. The premium for this Rider will cease to be payable whenever this Rider terminates. If the premium for any other rider attached to the Policy ceases to be payable, then the part of the premium for this Rider payable with respect to such other rider will cease to be payable.

Policy Provisions - All provisions of the Policy which are not inconsistent with the provisions of this Rider apply to this Rider.

Notice and Proof of Total Disability - Written notice of Total Disability must be given to Us at our Executive Office during Your lifetime and the continuance of Total Disability. Failure to give such notice will not invalidate any claim if it is shown that such notice was given as soon as was reasonably possible. Due proof of Total Disability must be submitted to our Executive Office. Although proof of Total Disability may have been accepted by Us as satisfactory, You must at any time, on demand from Us, furnish due proof of the continuance of Total Disability. At our option proof of the continuance of Total Disability may include an examination at our expense of You by a medical examiner or physician designated by Us. Proof of the continuance of Total Disability shall not be required by Us more than once each year after Total Disability has continued for two full years. In no event will Total Disability be considered to have commenced more than one year before the date due proof of Total Disability is received by Us.

Recovery from Disability - The benefits provided by this Rider will be discontinued if You: (1) fail to furnish any such proof; or (2) refuse to submit to such examination; or (3) no longer have a Total Disability.

Termination - This Rider will terminate: (1) if any premium remains unpaid after the end of the grace period; (2) if the Policy terminates; (3) at the policy anniversary nearest Your 60th birthday; or (4) upon written request on any premium due date.

Termination of this Rider will not affect any otherwise valid claim to benefits for Total Disability which commenced before the termination date.

Signed at Duluth, Georgia, on the Date of Issue of this Rider.



Secretary



President

RIDER SPECIFICATIONS

FORM NUMBER	PLAN NAME	SCHEDULED ANNUAL PREMIUM*
PLF11D0	INSURED DISABILITY WAIVER OF PREMIUM	[\$50.00]

*The Scheduled Annual Premium shown above is guaranteed for the First Rider Year. Subsequent premiums are also guaranteed and are shown on Page 3A.

RIDER SCHEDULE

POLICY NUMBER: [04SPECIMEN]
INSURED: [JOHN DOE]
DATE OF ISSUE: [JANUARY 01, 2011]
RIDER EXPIRY DATE: [JANUARY 01, 2036]
RIDER DATE: [JANUARY 01, 2011]
EFFECTIVE DATE: [JANUARY 01, 2011]

RIDER SPECIFICATIONS (CONT'D)

TABLE A
[ANNUAL] PREMIUMS FOR INSURED DISABILITY WAIVER OF PREMIUM BENEFIT

RIDER YEARS	SCHEDULED [ANNUAL] PREMIUMS	MAXIMUM [ANNUAL] PREMIUMS
2	[\$50.00]	[\$50.00]
3	[\$50.00]	[\$50.00]
4	[\$50.00]	[\$50.00]
5	[\$50.00]	[\$50.00]
6	[\$50.00]	[\$50.00]
7	[\$50.00]	[\$50.00]
8	[\$50.00]	[\$50.00]
9	[\$50.00]	[\$50.00]
10	[\$50.00]	[\$50.00]
11	[\$50.00]	[\$50.00]
12	[\$50.00]	[\$50.00]
13	[\$50.00]	[\$50.00]
14	[\$50.00]	[\$50.00]
15	[\$50.00]	[\$50.00]
16	[\$50.00]	[\$50.00]
17	[\$50.00]	[\$50.00]
18	[\$50.00]	[\$50.00]
19	[\$50.00]	[\$50.00]
20	[\$50.00]	[\$50.00]
21	[\$504.00]	[\$504.00]
22	[\$504.00]	[\$504.00]
23	[\$504.00]	[\$504.00]
24	[\$504.00]	[\$504.00]
25	[\$504.00]	[\$504.00]

PRIMERICA LIFE INSURANCE COMPANY

Executive Offices: 3120 Breckinridge Boulevard, Duluth, Georgia 30099-0001

SPOUSE DISABILITY WAIVER OF PREMIUM BENEFIT RIDER

BENEFIT

We will waive, subject to the provisions of this Rider each premium due after the commencement and during the continuance of Your Total Disability which begins while this Rider is in force. In order to qualify for the waiver of premium benefit under this Rider, You must have a Total Disability for a continuous six months. After You have had a Total Disability for a continuous six months, We will waive any premiums due thereafter and refund any premium paid during such six months. Premiums will be waived on a quarterly payment schedule. Each premium waived will have the same effect as if it had been paid to Us. No benefit will apply under this Rider while a waiver of premium benefit is in effect for the Insured.

DEFINITIONS AND EXCLUSIONS

Insured - The person named in the Policy Schedule who is Insured under the Policy.

Insured Spouse - The person covered under this Rider and named in the Rider Schedule as the Insured Spouse.

Definition of Total Disability - "Total Disability" means an incapacity which results from bodily injury or disease and prevents You from performing the substantial and material duties of any work for income or profit for which You are, or become, fitted by reason of education, training or experience. The injury or disease must originate while this Rider is in force. You must be under the care of a currently licensed physician who is not a member of Your household.

Age Limitation - No benefits will be allowed or paid under this Rider if commencement of Total Disability is after the policy anniversary nearest Your 60th birthday.

Exclusion from Coverage - No benefits will be allowed or paid under this Rider if Total Disability results directly or indirectly from: (1) intentionally self-inflicted injury; or (2) during the commission of a felony.

No benefit will apply under this Rider while a waiver of premium benefit is in effect for the Insured.

Rider Date - This date is shown on Rider Page 3. Rider anniversaries, rider years and rider months are measured from that date.

Effective Date - This date is shown on Rider Page 3 and is the effective date of coverage under this Rider.

"We" or "Us" refers to the Company. "You" or "Your" refers to the Insured Spouse in this Rider.

GENERAL PROVISIONS

Premium Payments - This Rider is issued in consideration of the application and payment of the premiums for this Rider which are payable under the same conditions as the premiums for the Policy. The premium for this Rider will cease to be payable whenever this Rider terminates. If the premium for any other rider attached to the Policy ceases to be payable, then the part of the premium for this Rider payable with respect to such other rider will cease to be payable.

Policy Provisions - All provisions of the Policy which are not inconsistent with the provisions of this Rider apply to this Rider.


Notice and Proof of Total Disability - Written notice of Total Disability must be given to Us at our Executive Office during Your lifetime and the continuance of Total Disability. Failure to give such notice will not invalidate any claim if it is shown that such notice was given as soon as was reasonably possible. Due proof of Total Disability must be submitted to our Executive Office. Although proof of Total Disability may have been accepted by Us as satisfactory, You must at any time, on demand from Us, furnish due proof of the continuance of Total Disability. At our option proof of the continuance of Total Disability may include an examination at our expense of You by a medical examiner or physician designated by Us. Proof of the continuance of Total Disability shall not be required by Us more than once each year after Total Disability has continued for two full years. In no event will Total Disability be considered to have commenced more than one year before the date due proof of Total Disability is received by Us.

Recovery from Disability - The benefits provided by this Rider will be discontinued if You: (1) fail to furnish any such proof; or (2) refuse to submit to such examination; or (3) no longer have a Total Disability.

Termination - This Rider will terminate: (1) if any premium remains unpaid after the end of the grace period; (2) if the Policy terminates; (3) at the policy anniversary nearest Your 60th birthday; or (4) upon written request on any premium due date.

Termination of this Rider will not affect any otherwise valid claim to benefits for Total Disability which commenced before the termination date.

Signed at Duluth, Georgia, on the Date of Issue of this Rider.



Secretary



President

RIDER SPECIFICATIONS

FORM NUMBER	PLAN NAME	SCHEDULED ANNUAL PREMIUM*
PLF11C0	SPOUSE DISABILITY WAIVER OF PREMIUM	[\$50.00]

*The Scheduled Annual Premium shown above is guaranteed for the First Rider Year. Subsequent premiums are also guaranteed and are shown on Page 3A.

RIDER SCHEDULE

POLICY NUMBER: [04SPECIMEN]
INSURED SPOUSE: [JANE DOE]
DATE OF ISSUE: [JANUARY 01, 2011]
RIDER EXPIRY DATE: [JANUARY 01, 2036]
RIDER DATE: [JANUARY 01, 2011]
EFFECTIVE DATE: [JANUARY 01, 2011]

RIDER SPECIFICATIONS (CONT'D)

TABLE A
[ANNUAL] PREMIUMS FOR SPOUSE DISABILITY WAIVER OF PREMIUM BENEFIT

RIDER YEARS	SCHEDULED [ANNUAL] PREMIUMS	MAXIMUM [ANNUAL] PREMIUMS
2	[\$50.00]	[\$50.00]
3	[\$50.00]	[\$50.00]
4	[\$50.00]	[\$50.00]
5	[\$50.00]	[\$50.00]
6	[\$50.00]	[\$50.00]
7	[\$50.00]	[\$50.00]
8	[\$50.00]	[\$50.00]
9	[\$50.00]	[\$50.00]
10	[\$50.00]	[\$50.00]
11	[\$50.00]	[\$50.00]
12	[\$50.00]	[\$50.00]
13	[\$50.00]	[\$50.00]
14	[\$50.00]	[\$50.00]
15	[\$50.00]	[\$50.00]
16	[\$50.00]	[\$50.00]
17	[\$50.00]	[\$50.00]
18	[\$50.00]	[\$50.00]
19	[\$50.00]	[\$50.00]
20	[\$50.00]	[\$50.00]
21	[\$504.00]	[\$504.00]
22	[\$504.00]	[\$504.00]
23	[\$504.00]	[\$504.00]
24	[\$504.00]	[\$504.00]
25	[\$504.00]	[\$504.00]

SERFF Tracking Number: MCHX-G126980869 State: Arkansas
Filing Company: Primerica Life Insurance Company State Tracking Number: 47851
Company Tracking Number: PLF11D0
TOI: L04I Individual Life - Term Sub-TOI: L04I.500 Other
Product Name: PLF11D0 - Disability Waiver of Premium Benefit Rid
Project Name/Number: PLF11D0 - Disability Waiver of Premium Benefit Rider - Primerica Life Insurance Company /PLF11D0 - Disability Waiver of Premium Benefit Rider - Primerica Life Insurance Company

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment:			
AR - READABILITY CERTIFICATION.PDF			
		Item Status:	Status Date:
Satisfied - Item:	Application		
Comments:			
The application to be used with these Riders is Form SFA-41 AR, which was approved by your Department on December 8, 2006. Any future applications that are approved by your Department may also be used with these Riders.			
		Item Status:	Status Date:
Satisfied - Item:	Authorization Letter		
Comments:			
Authorization Letter			
Attachment:			
2011 Authorization Letter for McHugh.PDF			
		Item Status:	Status Date:
Satisfied - Item:	AR Certification of Compliance-49		
Comments:			
Attachment:			
AR Certificate of Compliance 23-79-138 and R&R 49.PDF			
		Item Status:	Status Date:

SERFF Tracking Number: MCHX-G126980869 *State:* Arkansas
Filing Company: Primerica Life Insurance Company *State Tracking Number:* 47851
Company Tracking Number: PLF11D0
TOI: L04I Individual Life - Term *Sub-TOI:* L04I.500 Other
Product Name: PLF11D0 - Disability Waiver of Premium Benefit Rid
Project Name/Number: PLF11D0 - Disability Waiver of Premium Benefit Rider - Primerica Life Insurance Company /PLF11D0 - Disability Waiver of Premium Benefit Rider - Primerica Life Insurance Company

Satisfied - Item: AR Certification of Compliance-19

Comments:

Certification of Compliance Rule 19

Attachment:


AR Cert of Compliance with Rule 19.PDF

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: Primerica Life Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
PLF11DO	46.305
PLF11CO	45.868

Signed: 
Name: Steven A. Reidich
Title: Senior Vice President, Chief Legal Officer

Date: February 1, 2011



Primerica Life Insurance Company
Office of the General Counsel
3120 Breckinridge Boulevard
Duluth, GA 30099-000
NAIC #041-65919

Tel 1 866 230 6617
Tel 770 564-7941
Fax 770 564 7948

January 5, 2011

Re: Attached Filing Submission

Please accept this letter as authorization from Primerica Life Insurance Company for McHugh Consulting Resources, Inc. to file any or all policy forms/rates as referenced in the corresponding SERFF filing on behalf of Primerica Life Insurance Company.

Sincerely,

A handwritten signature in black ink, appearing to read 'Steven A. Reidich', followed by a vertical red line.

Steven A. Reidich
Senior Vice President

CERTIFICATE OF COMPLIANCE

Insurer: Primerica Life Insurance Company

Form Numbers: PLF11D0, PLF11C0

I hereby certify that the filing above meets all applicable Arkansas requirements including Regulation 49 (Life and Health Guaranty Fund Notice) and Ark. Code Ann. 23-79-138 and Bulletin 11-88 (Consumer Information Notice).



Signature of Company Officer

Steven A. Reidich

Name

Senior Vice President, Chief Legal
Officer

Title

February 1, 2011

Date

Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: Primerica Life Insurance Company

Form Number(s): PLF11D0, PLF11C0

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Signature of Company Officer

Steven Reidich

Name

Senior Vice President, Chief Legal Officer

Title

February 1, 2011

Date